



885 Denier Place
Cincinnati, Ohio 45224
513.522.6858

CC: 02-6

Received & Inspected
AUG 07 2008
FCC Mail Room

July 31, 2008 DOC 02-6

Marlene H. Dortch, Secretary
Federal Communication Commission

Re: Request for waiver

Dear Ms. Dortch,

On behalf of St Vivian School in Cincinnati, Ohio, I am requesting a waiver for the filing deadline for a 471 for the school year of 2008-2009. Our Billed Entity Number is 49841.

We have two service providers that we receive funding under the USAC. The first one, NuVox Communications is year-to-year and each year we file a Form 470 and 471. There is no problem with this provider. It's our second provider, HCCA, that I made a mistake with the paperwork. This is a three year contract. I thought that I did not need to file new 470 and 471 forms since we are under that three year contract. I now know that it is only the 470 form that is filed once every three years and The 471 form needs to be filed yearly.

I am asking for a waiver for the deadline for a 471 for this service provider for the school year 2008-2009. I am sorry for this mistake and will not make it again. We have not been late in the past with the paperwork. I've enclosed a copy of the 471 will want to file.

Thank you for your consideration.

Sincerely,

Mary Anne Johnson
Secretary

No. of Copies rec'd 091
List ABCDE

FCC Form 471

Do not write in this area.

Approval by OMB
3060-0806

Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier

(Create your own code to identify THIS form 471)
 471 07-08 hcca

Form 471 Application#

(To be assigned by administrator)

640986

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the service listed on this form.)

1 a Name of Billed Entity **ST VIVIAN ELEMENTARY SCHOOL**

2 a Funding Year: July 1, 2008 Through June 30, 2009

Billed Entity Number: 49841

4 a Street Address, P.O. Box, or Routing Number **885 DENIER PL**

City **CINCINNATI**

State **OH**

Zip Code 45224 1311

b Telephone Number **513-522-6858**

c Fax Number 513-728-4336

5 a Type of Application
☒ Individual School (individual public or non-public school)
☐ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)
☐ Consortium ☐ Check here if any members of this consortium are ineligible or non-governmental entities

6 Contact Person's Name **Jean Margello**

First, if the Contact Person's Street Address is the same as in Item 4, check this box. ☒ If not, please complete the entries for the Street Address below.

b Street Address, P.O. Box, or Routing Number **885 DENIER PL**

City **CINCINNATI**

State **OH**

Zip Code 45224 1311

☐ **c** Telephone Number **513-522-6858**

☐ **d** Fax Number **513-728-4336**

☒ **e** E-mail Address **jean.margello@stvivianschool.org**

f Holiday/vacation/summer contact information



0 4 7 0 0 1 0 1 0

Entity Number 49841Applicant's Form Identifier 471 07-08 hccaContact Person Jean MargelloPhone Number 513-522-6858

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools**IF THIS APPLICATION INCLUDES SCHOOLS...****BEFORE ORDER****AFTER ORDER**

7a	Number of students to be served		354
b	Telephone service: Number of classrooms with phone service	38	38
c	Dial-up Internet access: Number of connections (up to 56kbps)	0	0
e	Direct connections to the Internet: Number of drops	1	1
f	Number of classrooms with Internet access	22	22
g	Number of computers or other devices with Internet access	98	98

Block 3: Impact of Services Ordered on Libraries**NOT APPLICABLE AS THIS APPLICATION IS FOR SCHOOL****Worksheet A No:** 1031413**Student Count:** 354**Weighted Product (Sum. Column 8):** 141.6**Shared Discount:** N/A**1. School Name:** ST VIVIAN ELEMENTARY SCHOOL**2. Entity Number:** 49841 **NCES:** 01 05 5627**3. Rural/Urban:** Urban**4. Student Count:** 354**5. NSLP Students:** 64**6. NSLP Students/Students:** 18.079%**7. Discount:** 40%**8. Weighted Product:** 141.6**9. Pre-K/Adult Ed/Juv:** N**10. Alt Disc Mech:** N**Worksheet A No:** 1031414**Student Count:** 354**Weighted Product (Sum. Column 8):** 141.6**Shared Discount:** N/A**1. School Name:** ST VIVIAN ELEMENTARY SCHOOL**2. Entity Number:** 49841 **NCES:** 01 05 5627**3. Rural/Urban:** Urban**4. Student Count:** 354**5. NSLP Students:** 64**6. NSLP Students/Students:** 18.079%**7. Discount:** 40%**8. Weighted Product:** 141.6

9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

Block 5: Discount Funding Request(s)

FRN: 1772456 FCDL Date:	
10. Original FRN:	
11. Category of Service: Internet Access	12. 470 Application Number: 152320000590835
13. SPIN: 143024403	14. Service Provider Name: Hamilton Clermont Cooperative Association of Boards of Ed
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: HCCA -7807
15c. Covered under State Master Contract:	15d. FRN from Previous Year: 1550001
16a. Billing Account Number: n/a	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 12/11/2006	18. Contract Award Date: 01/29/2007
19a. Service Start Date: 07/01/2008	19b. Service End Date:
20. Contract Expiration Date: 06/30/2010	
21. Attachment #: attach 21 internet	22. Block 4 Entity Number: 49841
23a. Monthly Charges: \$.00	23b. Ineligible monthly amt.: \$.00
23c. Eligible monthly amt.: \$.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$0.00	
23f. Annual non-recurring (one-time) charges: 7115	23g. Ineligible non-recurring amt.: 0
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$7,115.00	
23i. Total program year pre-discount amount (23e + 23h): \$7,115.00	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request (23i x 23j): \$2,846.00	

Block 6: Certifications and Signature

Application ID:640986

Do not write in this area.

Entity Number	49841	Applicant's Form Identifier	471 07-08 hcca
Contact Person	Jean Margello	Phone Number	513-522-6858

Block 6: Certifications and Signature

24. ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)
- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities

25. ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23i on all Block 5 Discount Funding Requests.)	\$7,115.00
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)	\$2,846.00
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$4,269.00
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$10,000.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$14,269.00
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.	

26. ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans are written at the following level(s):
- a. ☐ an individual technology plan for using the services requested in this application; and/or
- b. ☒ higher-level technology plan(s) for using the services requested in this application; or
- c. ☐ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27. ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.



28. ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
29. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.
30. ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under

non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

31. ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
32. ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
33. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity (ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity (ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
34. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
35. ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1),(2).
36. ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
37. ☒ I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Signature of authorized person

39. Signature Date

40. Printed name of authorized person
Jean Margello

41. Title or position of authorized person
Principal

42a. Street Address, P.O. Box or Route Number
885 Denier Place
City, State Zip Code
Cincinnati, OH 45224

42b. Telephone number of authorized person:
(513) 522-6858

42c. Fax number of authorized person:
(513) 728-4336

42d. E-mail of authorized person:
jean.margello@stvivianschool.org

42e. Name of authorized person's employer
St. Vivian School

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

**For express delivery services or U.S. Postal Service, Return Receipt Requested,
mail this form to:**

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

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